

CHS 2019 History Camp Application

(To be completed along with Field Trip/Medical Permission Form & Payment)

August 5 – August 9

Sponsored by The Clinton Historical Society, History Camp is a popular summer learning experience for students in the 3rd – 6th grades. History Camp be conducted 9:00am-12:00pm each day during the week of August 5-9.



Activities are designed to encourage a love for learning about the history of our community.

FEE: \$12 per camper. Complete the form below and send in with payment and field trip/medical permission form Mail to Clinton Historical Society, P.O. Box 42, 1 Fountain St., Clinton, NY 13323 or scan and send to clintonhistoricalsociety1@gmail.com . Please make payment check or cash.

(cut out this form and submit)

Space is limited

Please send in completed forms, payment as soon as possible

Student Name _____ Grade _____

Address _____

Parent Name & Best Contact Phone Number for availability _____

Size for t-shirt (children sizes) check one XS S M L XL . Or indicate if other _____

- Our family belongs to CHS

- We would like to join as a family at the rate of \$17.00 payment enclosed.

Parent/Guardian Signature _____ Date _____

Clinton Historical Society, P.O. Box 42, 1 Fountain St., Clinton, NY 13323 or scan and send to clintonhistoricalsociety1@gmail.com . Please make payment check or cash.

(Initial here _____) PARENTS/GUARDIANS: Please Note that Certain Days your child will need to be dropped off and or picked up at a different location in town. This information will be shared with you the day before it takes place.



CLINTON HISTORICAL SOCIETY

HISTORY CAMP 2019

Camper Field Trip Permission & Medical Authorization Form

Student Name _____ DOB _____ Grade _____

I give my permission for my above named child to attend History Camp 2019, August 5-9, from 9am-12pm each day. I also give permission for this child to travel to and from various historic locations in and around Clinton during the time of this History Camp. *Also, I give permission to have my child's picture taken for promotional use of History Camp.*

Please PRINT listing Father, Mother, or Guardian Names. Please indicate PRIMARY & SECONDARY contact preferred

1 _____ (Home, Business, Cell Phone Numbers)

2 _____ (Home, Business, Cell Phone Numbers)

List same for a trusted relative or friend if parents/guardian cannot be reached:

_____ (Home, Business, Cell Phone Numbers)

Medical Information

Allergies(include drug allergies):

Medical Concerns or conditions:

Current Medications & If Any Need to be administered during this week during History Camp days/times:

In the event I cannot be reached, I authorize the staff of History Camp or appointed chaperone to give permission for medical, dental, health or hospital services if deemed necessary.

Signature of Parent/Guardian & Date

Insurance Information:

Insurance Company _____

Member & Policy/Group Number(s) _____

(Initial here _____) PARENTS/GUARDIANS: Please Note: Certain Days your child will need to be dropped off and or picked up at a different location in town. This information will be shared with you the day before it takes place.